

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

12921

FILED APR 24 1948

Registration District No.

Primary Registration District No.

Registrar's No.

1624

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
327 W. 12th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 years
years, months or days

3. (a) PRINT
FULL NAME

LEWIS PAUL THOMPSON

3. (b) If veteran,

name war No

3. (c) Social Security No.

49T-22-6115

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Thompson 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased December 29 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 3 12 hr. min.

9. Birthplace Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business American Steel Works

12. Name R. M. Thompson

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Effie Anderson

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Thompson

(b) Address 327 West 12th K. C. Mo

17. (a) Burial (b) Date thereof April 14, 1948
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffey, Missouri

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 4-13-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 327 West 12th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1948 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cyanide Poisoning
Due to _____

Due to _____
Other conditions: Deputy Coroner
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1635
Of autopsy History
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 4-11-48
(c) Where did injury occur? K. C. Jackson, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? at home
(Specify type of place) (Specify type of place)
Signature A. C. Upsher (M. D.)
Address 2800 Main

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Chas E. Weeks
Licensed Embalmer No. 2644
P. O. Address KC. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.